

APR 24 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : R. F. BARNARD, ET AL.
Serial No. : 10/808,834
Filed : 25 Mar 2004
Examiner : SUSANNA M. MEINECKE DIAZ
Group : 3623
Entitled : System and Method for Project
Designing and Developing a
Procurement and Accounts Payable
System

Docket No. : END919990117US2

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Alexandria, VA 22313-1450

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TRANSMITTAL	1 page
FEE TRANSMITTAL	1 page
AMENDMENT AFTER FINAL	33 pages

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SHELLEY M BECKSTRAND

Date: 24 Apr 2006



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PTO/SB/21 (09-04)

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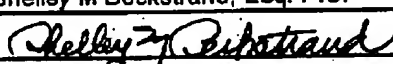
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/808,834	RECEIVED CENTRAL FAX CENTER APR 24 2006
	Filing Date	3/25/04	
	First Named Inventor	R. F. Barnard	
	Art Unit	3623	
	Examiner Name	Susanna M. Meinecke Diaz	
Total Number of Pages in This Submission	36	Attorney Docket Number	END919990117US2


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Shelley M Beckstrand, Esq. P.C.		
Signature			
Printed name	Shelley M Beckstrand		
Date	24 Apr 2006	Reg. No.	24,886

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Shelley M Beckstrand	Date	24 Apr 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete If Known

Application Number	10/808,834
Filing Date	3/25/2004
First Named Inventor	R. F. Barnard
Examiner Name	Susanna M. Meinecke Diaz
Art Unit	3623
Attorney Docket No.	END919990117US2

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 09-0457 Deposit Account Name: IBM Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = 0 x = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = 0 x = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = 0 / 50 = 0 (round up to a whole number) x = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature	<i>Shelley M. Backstrand</i>	Registration No. (Attorney/Agent)	24,888	Telephone	276-238-1872
Name (Print/Type)	Shelley M. Backstrand	Date	24 Apr 2006		

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and Developing a Procurement and
Accounts Payable System

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AMENDMENT AFTER FINAL

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is responsive to the Office Action,
designated FINAL, of Examiner Susanna M. Meinecke Diaz
mailed 27 Jan 2006.

Claims 1, 2, and 36-41 are in the case, none as yet
allowed.

Please amend the above identified application as
follows.

END919990117US2

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S/N 10/808,834

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